



## Probation: what schools need to know

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## Difference between delinquency and normal adolescent behavior

- Nearly all youth (80 to 90%) admit to delinquent acts (fighting/ assault, stealing/ theft, cheating/ fraud, etc.), but only about 20% are ever officially defined as delinquent; and only about 3% a year become adjudicated delinquents (Siegel et al., 2006).
- A youth who may be performing poorly at present may in actuality be on an overall positive path when their history is accounted for (Mahoney & Bergman, 2002).
- Their complexity stems from the interplay between multiple factors, across multiple settings (Yoshikawa, 1995).




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Major risk/need factor	Indicators
Antisocial personality pattern	Impulsive, adventurous pleasure seeking, restlessly aggressive and irritable
Procriminal attitudes	Rationalizations for crime, negative attitudes towards the law
Social supports for crime	Criminal friends, isolation from prosocial others
Substance abuse	Abuse of alcohol and/or drugs
Family/marital relationships	Inappropriate parental monitoring and disciplining, poor family relationships
School/work	Poor performance, low levels of satisfactions
Prosocial recreational activities	Lack of involvement in prosocial recreational/reisure activities
Non-criminogenic, minor needs	Indicators
Self-esteem	Poor feelings of self-esteem, self-worth
Vague feelings of personal distress	Anxious, feeling blue
Major mental disorder	Schizophrenia, manic-depression
Physical health	Physical deformity, nutrient deficiency

[http://www.securitepublique.gc.ca/res/cor/rep/10/risk\\_need\\_2007-06\\_e.pdf](http://www.securitepublique.gc.ca/res/cor/rep/10/risk_need_2007-06_e.pdf)

## Criminogenic factors




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Evidence Based Research/ Practice	Proven Practice	Promising Practice
<ul style="list-style-type: none"> <li>Randomized comparison group</li> <li>Statistically significant improvement compared to an alternative practice or no intervention</li> <li>Consistent evidence of success (at least 2 studies)</li> <li>Can be replicated</li> </ul>	<ul style="list-style-type: none"> <li>Non-randomized comparison group or "quasi-experimental" study</li> <li>One successful study</li> <li>Statistically significant improvement compared to an alternative practice or no intervention</li> <li>Can be replicated</li> </ul>	<ul style="list-style-type: none"> <li>No comparison group or not randomized.</li> <li>No studies or informal studies.</li> <li>May have evidence of success, often based on consensus opinions of providers, but not scientifically proven.</li> </ul>

<http://www.granitschools.com/evidence-based-and-best-practices/>



## How is EB defined?

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- "Evidence-based practices" means supervision policies, procedures, programs and practices that scientific research demonstrates reduce recidivism among individuals on probation, parole, or post-release supervision.
- "Evidence-based research" means research done with scientific integrity through a reliable and valid methodological means to assess recidivism or overall improvement in behaviors.



## EB Practice vs EB Research

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Biases confound our judgment

- Overconfidence
- Confirmation bias
- Self-fulfilling prophecies
- Belief perseverance
- Illusory correlations
- Availability heuristic
- Conjunction fallacy
- Seeing patterns when there are none



## Science Helps Avoid Bias

<http://psy6023.alliant.wikispaces.net/files/view/RM.ppt>

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### TREATMENT MODELS AND APPROACHES THAT ARE NOT RESEARCH SUPPORTED

- Ø Targeting low risk offenders
- Ø Targeting non-criminogenic needs
- Ø Punishment sanctions only
- Ø Shock probation
- Ø Boot camps
- Ø Scared Straight
- Ø Drug testing only
- Ø Home detention with electronic monitoring only
- Ø Encounter type program models
- Ø Peer counseling models
- Ø Insight-oriented psychotherapy
- Ø Intensive supervision only



## Evidence Based Research

<http://www.superiorcourt.maricopa.gov/AdultProbation/docs/FrameworkforImplementingEBP.pdf>

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### TREATMENT MODELS AND APPROACHES THAT ARE RESEARCH SUPPORTED

- ♦ Treatment That Targets Criminogenic Needs
- ♦ Targeting High Risk Offenders
- ♦ Cognitive-Behavioral Therapies
- ♦ Aggression Replacement Training
- ♦ Reasoning And Rehabilitation Program
- ♦ Thinking For A Change Program
- ♦ Cognitive Self-Change Program
- ♦ Controlling Anger And Learning To Manage It (CALM Program)
- ♦ Motivational Enhancement Therapy
- ♦ EQUIP - Equipping Youth to Help One Another (juvenile offenders)
- ♦ Interpersonal Communication Skills Training
- ♦ Functional Family Therapy (juvenile offenders)
- ♦ Multi-Systemic Therapy (juvenile offenders)
- ♦ Brief Strategic Family Therapy (juvenile offenders)
- ♦ Multi-dimensional Family Therapy (juvenile offenders)
- ♦ Graduated responses quickly



## Evidence Based Research

<http://www.superiorcourt.maricopa.gov/AdultProbation/docs/FrameworkforImplementingEBP.pdf>  
<http://www.pewcenteronthestates.org/uploadedFiles/Evidence-Based%20Practices.pdf>

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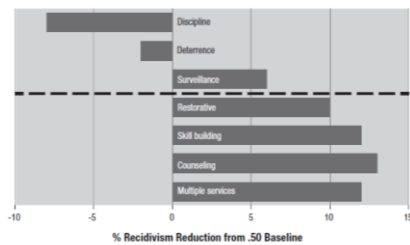
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## Control and Therapy

Figure 1. Mean recidivism effects for the program categories representing control and therapeutic philosophies



24 Improving the Effectiveness of Juvenile Justice Programs: A New Perspective on Evidence-Based Practice

<http://cjlir.georgetown.edu/pdfs/ebp/ebpnpaper.pdf>

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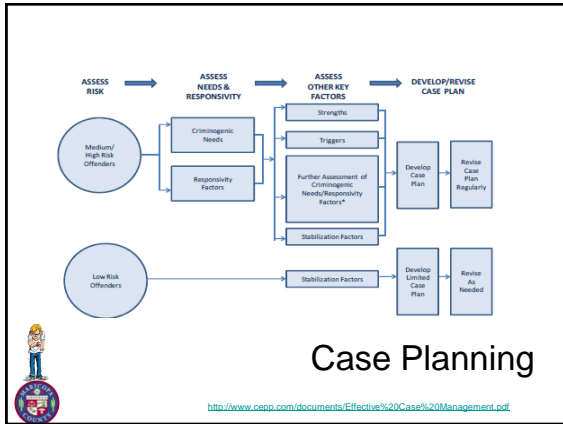
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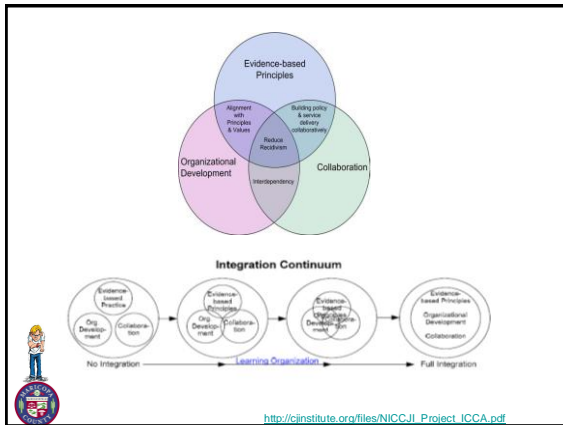
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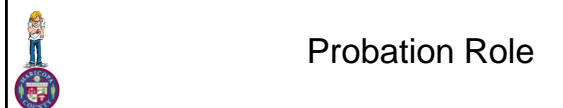
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- Second parent
- Problem is ? (Legal, Ethical, practical, social, medical, Mental health, etc)
- Change
  - Teach, train, assist
  - Cognitive imploding
  - Support & push towards positive change




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Questions

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